

CHILD IN CARE MONTHLY REPORT
USMA NUU-CHAH-NULTH CHILD & FAMILY SERVICES

CHILD _____ **CAREGIVER** _____

MONTH _____ **YEAR** _____

CHILD

Is the child actively involved in organized activities outside the home?

YES **NO** Comments: _____

Has the child been attending all non-medical appointments? (Probation, school related, sports commitments, etc.)

YES **NO** Comments: _____

Has the child had the opportunity to participate in cultural relevant activities?

YES **NO** Comments: _____

Has the child had the opportunity to participate in religious activities of their choosing?

YES **NO** Comments: _____

Has the child seen his/her Social Worker?

YES **NO** Comments: _____

Has the child participated in a plan of care?

YES **NO** Comments: _____

HEALTH

Has the child been to the doctor?

YES **NO** Date(s) _____

Has the child been to the dentist?

YES **NO** Dates and Comments? _____

Has the caregiver had any concerns about the health of the child in the past month?

YES **NO** Comments: _____

Has the child been to see any other physical, mental or emotional health professionals in the past month?

YES **NO** Comments: _____

FAMILY & SOCIAL RELATIONS

Has the child had contact with birth family and extended family?

YES **NO** Dates _____

Comments: _____

Have you experienced any concerns surrounding the visits? (Family impaired, family miss appointments, hostility towards caregiver, etc.)

YES **NO** Comments: _____

EDUCATION

Is the child attending school regularly?

YES **NO** Comments: _____

Comment on progress _____

Any school meetings? IEP? Disciplinary meetings? Parent/Teacher conference? Etc.

YES **NO** Comments? _____

Outcomes? _____

PLACEMENT

Is the child expressing any difficulties with the placement?

YES **NO** Comments: _____

Have any significant events taken place in the home this month?

YES **NO** Comments: _____

Comment on some of the positive aspects of the placement? _____

Has the child been AWOL?

YES **NO** Comments? _____

FOSTER PARENT _____ **DATE** _____

Submitted to Social Worker _____